

2017 HUD Data Standards

# Project Descriptor Data Element Definition Training



**BostonHMIS**

# Project Descriptor Data Elements

- Elements that contain basic information about the projects operating in the CoC.
- Building Blocks of the HMIS
- Enable the HMIS to:
  - Associate client level records to the projects and agencies across the CoC
  - Define the type of project that a client is receiving housing and/or services for
  - Identify the federal partners that provide funding to the project
  - Track unit and bed inventory which is relevant for the AHAR, PIT, HIC and Bed Utilization reporting
  - In some cases, these data elements “tell” your software system how to run your reports.
    - Bed Register vs. Entry/Exit

# List of Required Project Descriptor Data Elements

The following Project Descriptor Data Elements are required for project setup in HMIS:

- 2.1 [Organization Identifiers](#)
- 2.2 [Project Identifiers](#)
- 2.3 [Continuum of Care Code](#)
- 2.4 [Project Type](#)
- 2.5 [Method for Tracking Emergency Shelter Utilization](#)
- 2.6 [Federal Partner Funding Sources](#)
- 2.7 [Bed and Unit Inventory Information](#)
- 2.8 [Additional Project Information](#)

# Organizational Identifiers

**Data Collection Point:** Initial HMIS Project Setup;  
reviewed/updated no less than annually

Field	Dependency	Response Category/ Data Type	Descriptions
1 Organization ID	None	System generated number or code. There is no specified format for this data element.	A unique identifier that must be automatically generated by the HMIS at the time the organization is created in the HMIS.
2 Organization Name	None	[Text]	The organization's legal name.

## **Rationale/Instructions:**

- Collected to uniquely identify organizations
- Record Organizations Legal Name
- Organization ID is system generated

# Project Identifiers

**Data Collection Point:** Initial HMIS project setup, reviewed/updated no less than annually

Field	Dependency	Response Category/ Data Type	Descriptions
1 Project ID	None	System generated number or code. There is no specified format for this data element.	A unique identifier that must be automatically generated by the HMIS at the time the project is created in the HMIS.
2 Project Name	None	[Text]	The project's name. Where applicable, project names must be consistent with HUD and other federal reporting requirements and should match grant agreements or other documentation.
3 Operating Start Date	None	[Date]	The first day on which a project provided (or will provide) services and/or housing. For projects that began operating prior to October 1, 2012, the start date may be estimated if it is not known. Projects that are fully funded but have not yet begun operating may be entered with future project start date that reflects the date the project will begin providing services.
4 Operating End Date	None	[Date]	The last day on which the project provided or is expected to provide services and/or housing. It may be a date in the future; it may also be blank if the project is expected to continue operating indefinitely.

**Special Considerations:**

- Project Identification can be difficult for HMIS Leads, often the project will have a common name and a formal name on grant agreements. Be sure to consider these when creating a name for a project in the HMIS.

# Continuum of Care Code

**Data Collection Point:** Initial HMIS project setup,  
reviewed/updated no less than annually

Field	Dependency	Response Category/ Data Type	Descriptions
1 Continuum Code	None	HUD-assigned CoC codes for the project location [Text – 6 characters]	CoC Codes as published by HUD annually. The format of these CoC codes is 2 letters (state abbreviation), a dash, and 3 numbers, e.g., XX-999. The HMIS software may provide a drop-down list of valid CoC Codes or require manual entry.

## **Rationale/Instructions:**

- Each project must be associated with the HUD assigned code for the **CoC in which the project operates.**
- For projects which operate in multiple CoCs but use a single HMIS, this code is used to associate a project with the funder.
- Example: VA SSVF project provides services in both the balance of state CoC and urban CoC. HUD allows for both CoC codes in the setup.

## **Special Considerations:**

- Due to the set up of some front end HMIS data collection systems and the operation of a Data Warehouse for the CoC, Boston requires projects which serve multiple CoCs to be set up as multiple projects
- **Boston's CoC Code is MA-500**

# Project Type

## Rationale/Instructions:

- Identify if a project is a CoC project or not. **ALL Projects should be marked as a Continuum Project, it is used to identify projects that operate in Boston, not that the project is Continuum funded. Data will not be pulled for reporting unless this is marked Yes**
- Associate each project to the specific type of lodging or services provided
- Necessary to identify the data collection requirements for reporting purposes.
- Identify:
  - If a CoC project or not
  - The project type
  - If “services only”, is it connected to a residential project.
    - Which residential project.
- Each Federal Partner has indicated the specific reporting requirements for each program component in the HMIS Program Manuals by Funding Source.
- Today’s presentation will focus on **HUD** requirements
- <https://www.hudexchange.info/hmis/guides/>
  - HOPWA, PATH, RHY, VA

# Project Type

**Data Collection Point:** Initial HMIS project setup, reviewed/updated no less than annually

Field	Dependency	Response Category/ Data Type		Descriptions
1 Continuum Project	None	0	No	
		1	Yes	A project within the geographic boundaries of the Continuum(s) of Care served by the HMIS whose primary purpose is to meet the specific needs of people who are homeless by providing lodging and/or services. A continuum project is not limited to those projects funded by HUD and should include all of the federal partner projects and all other federally or non-federally funded projects functioning within the continuum.

ALL Projects should be marked as a Continuum Project, it is used to identify projects that operate in Boston, not that the project is Continuum funded. Data will not be pulled for reporting unless this is marked Yes



# Project Type

Continued...

2	Project Type	None	12	Homelessness Prevention	A project that offers services and/or financial assistance necessary to prevent a person from moving into an emergency shelter or place not meant for human habitation.
			4	Street Outreach	A project that offers services necessary to reach out to unsheltered homeless people, connect them with emergency shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Only persons who are “street homeless” should be entered into a street outreach project. Projects that also serve persons other than “street homeless” must have two separate projects to be set up in an HMIS – one ‘Street Outreach’ and the other ‘Services Only.’
			1	Emergency Shelter	A project that offers temporary shelter (lodging) for the homeless in general or for specific populations of the homeless. Requirements and limitations may vary by program, and will be specified by the funder.

# Project Type

## Continued...

Field	Dependency	Response Category/ Data Type	Descriptions
<b>2 Project Type (continued)</b>	None	11 Day Shelter	A project that offers daytime facilities and services (no lodging) for persons who are homeless.
		2 Transitional Housing	A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program, and will be specified by the funder.
		8 Safe Haven	A project that offers supportive housing that (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low demand services and referrals for the residents.
		13 PH - Rapid Re-Housing	A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

**\*\*In Boston, Only VA Funded Safe Havens are classified as a Safe Haven project type. A DMH Funded Safe Haven is classified as PH-Permanent Supportive Housing due to their program design. Please note in some circumstances a client maintains their homeless/chronic status for eligibility into other PH housing types if in a DMH Safe Haven.**

**\*\*In Boston, Rapid Re-Housing Programs must be set up as two distinct programs: RRH Pre-Placement as a Services Only program and Affiliated with the companion RRH Stabilization PH-Rapid Re-Housing program. This is due to Warehouse and automatic reporting.**

# Project Type

## Continued...

3	PH - Permanent Supportive Housing (disability required for entry)	A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.
10	PH – Housing with Services (no disability required for entry)	A project that offers permanent housing and supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.
9	PH - Housing Only	A project that offers permanent housing for persons who are homeless, but does not make supportive services available as part of the project.
14	Coordinated Assessment	A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool.

# Project Type

Continued...

Field	Dependency	Response Category/ Data Type	Descriptions
<b>2 Project Type (continued)</b>	None	6 Services Only	<p>A project that offers only stand-alone supportive services (other than outreach) to address the special needs of participants (such as child care, employment assistance, and transportation services) and has associated housing outcomes.</p> <ul style="list-style-type: none"> <li>• If the Services Only project is affiliated with any one of the following: <ul style="list-style-type: none"> <li>○ One residential project <b>and</b> <ul style="list-style-type: none"> <li>▪ Does not offer to provide services for all the residential project clients; <b>Or</b></li> <li>▪ Only serves clients for a portion of their project stay (e.g. provides classes); <b>Or</b></li> <li>▪ Information sharing is not allowed between residential project and service provider.</li> </ul> </li> <li>○ <b>Multiple</b> residential projects of the <b>same project type</b> (e.g. multiple PH:PSH) <b>and</b> <ul style="list-style-type: none"> <li>▪ Does not serve all the all residential project clients; <b>Or</b></li> <li>▪ Information sharing is not allowed between residential projects and service provider.</li> </ul> </li> <li>○ <b>Multiple</b> residential projects of <b>different project types</b> (e.g. PH: RRH and PH:PSH)</li> <li>○ <b>Emergency Shelter(s)</b></li> </ul> <p>Then the project type will be 'Services Only' and 'Affiliated with a Residential Project' will be 'Yes.' Each of the residential projects with which the Services Only project is associated must be identified.</p> <ul style="list-style-type: none"> <li>• If the Services Only project provides only services (other than outreach), has associated housing outcomes, and is not limited to serving clients of one or more specific residential projects, then the project type will be 'Services Only' and 'Affiliated with a Residential Project' will be 'No.'</li> <li>• A residential project that is funded under one or more separate grants to provide supportive services to <b>100% of the clients of the residential project</b> will be set up as a single project with the appropriate residential project type. All federal funding sources must be identified in <i>2.6 Federal Partner Funding Sources</i>.</li> </ul> </li> </ul>

# Project Type

Continued...

7	Other	A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type, per above. Any project that provides only stand-alone supportive services (other than outreach) and has no associated housing outcomes should be typed as 'Other.' For example, a project funded to provide child care for persons in permanent housing or a dental care project funded to serve homeless clients should be typed 'Other.' A project funded to provide ongoing case management with associated housing outcomes should be typed 'Services Only.'
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# Services Only

## Residential Affiliation

Field	Dependency	Response Category/ Data Type	Descriptions
A Affiliated with a Residential Project	Field 2: Response 6	0 No	For all projects typed 'Services Only' identify if the services that are being provided are in conjunction with a residential project which is a separate project in the HMIS (e.g. a service only project for case management that services one or more PSH projects.)
		1 Yes	
B Project ID(s) of Residential Project(s) Affiliated with SSO	Field A: Response 1	['Project ID']	If the service is being provided to another project within the HMIS, identify the project ID(s) of those residential project(s). For the sake of consistency, HMIS vendors are recommended to create a drop down list from element 2.2 <i>Project Identifiers</i> that includes the 'Project Names' and IDs for all non-emergency shelter projects.

# Method for Tracking Emergency Shelter Utilization

**Data Collection Point:** Initial HMIS project setup,  
reviewed/updated no less than annually

Field	Dependency	Response Category/ Data Type	Descriptions
1 Emergency Shelter Tracking Method	None	0 Entry/Exit Date (e/e)	The e/e method should be used for all shelters that are able to collect client data (Universal Data Elements and certain Program-Specific Data Elements) at project entry and project exit, including projects that require or strongly encourage a continuous stay while a client resolves their homelessness. For such shelters, length of stay is calculated based on the number of nights between project entry and project exit and performance measures will include changes from project start and project exit data collection stages.
		3 Night-by-Night (nbn)	The night-by-night method may be used by some high-volume shelters and shelters where a significant proportion of clients spend a night at the shelter as needed on an irregular basis. The night-by-night method relies on creating a separate record of each individual date on which a client is present in the shelter as a means for calculating length of stay and implies that the emergency shelter is generally unable to collect as much client data at project exit as an emergency shelter that uses an entry/exit method for tracking utilization.  In this method: (1) entry information is collected the first time that a client stays at the shelter (2) the project records every discrete date (or series of dates) that the client utilizes a bed; (3) the HMIS maintains historical data on the nights a client is sheltered; (4) the client may be exited when shelter staff has information that indicates that the client is unlikely to return to the shelter or the system may be designed to automatically generate an exit after an extended absence; and (5) for reporting purposes, a client's length of stay in the project will be based on the actual number of bed nights and not on the period of time from entry to exit.

**Boston CoC regulations require shelters which use a night by night method, to exit all clients after 30 days with no bed stay, as of the last stay.**



# Federal Partner Funding Source(s)

**Data Collection Point:** Initial HMIS project setup, reviewed/updated no less than annually

Field	Dependency	Response Category/ Data Type	Descriptions
<b>1 Federal Partner Program and Components</b>	None	1	HUD: CoC – Homelessness Prevention (High Performing Comm. Only)
		2	HUD: CoC – Permanent Supportive Housing
		3	HUD: CoC – Rapid Re-Housing
		4	HUD: CoC – Supportive Services Only
		5	HUD: CoC – Transitional Housing
		6	HUD: CoC – Safe Haven
		7	HUD: CoC – Single Room Occupancy (SRO)
		43	HUD: CoC - Youth Homeless Demonstration Program (YHDP)
		8	HUD: ESG – Emergency Shelter (operating and/or essential services)
		9	HUD: ESG – Homelessness Prevention
		10	HUD: ESG – Rapid Re-housing
		11	HUD: ESG – Street Outreach
		12	HUD: Rural Housing Stability Assistance Program
		13	HUD: HOPWA – Hotel/Motel Vouchers
		14	HUD: HOPWA – Housing Information
		15	HUD: HOPWA – Permanent Housing Placement (facility based or TBRA)
		16	HUD: HOPWA – Permanent Housing Placement
		17	HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance
		18	HUD: HOPWA – Short-Term Supportive Facility
		19	HUD: HOPWA – Transitional Housing (facility based or TBRA)

Non Federally Funded Programs should select the HUD CoC/ESG Component that matches their program type for consistent data collection across all programs



# Federal Partner Funding Source(s)

continued...

20	HUD: HUD/VASH
35	HUD: Pay for Success
36	HUD: Public and Indian Housing (PIH) Programs
21	HHS: PATH – Street Outreach & Supportive Services Only
22	HHS: RHY – Basic Center Program (prevention and shelter)
23	HHS:RHY – Maternity Group Home for Pregnant and Parenting Youth
24	HHS:RHY – Transitional Living Program
25	HHS:RHY – Street Outreach Project
26	HHS:RHY – Demonstration Project
27	VA:CRS Contract Residential Housing
29	VA: Domiciliary Care
37	VA: Grant Per Diem – Bridge Housing
38	VA: Grant Per Diem – Low Demand
39	VA: Grant Per Diem – Hospital to Housing
40	VA: Grant Per Diem – Clinical Treatment
41	VA: Grant Per Diem – Service Intensive Transitional Housing
42	VA: Grant Per Diem – Transition in Place
30	VA: Community Contract Safe Haven Program <sup>3</sup>
32	VA: Compensated Work Therapy Transitional Residence <sup>3</sup>
33	VA: Supportive Services for Veteran Families
34	N/A

# Federal Partner Funding Source(s) continued...

<b>2</b>	<b>Grant Identifier</b>	None	[no specified format]	The 'Grant Identifier' may be the grant number assigned by the federal partner or any other grant identification system used by the federal partner, grantee or the CoC, unless a specific grant identifier is required by the federal partner.
<b>3</b>	<b>Grant Start Date</b>	None	[Date]	The start date of the grant.
<b>4</b>	<b>Grant End Date</b>	None	[Date]	The grant end date may remain empty until the term of the grant ends. If the exact same grant source and component is renewed (with the exception of projects funded by HHS:RHY), the grant end date is not required to be entered. The grant end date may remain empty until such time as the renewal(s) end.

# Bed and Unit Inventory

**Data Collection Point:** Initial HMIS project setup, reviewed/updated no less than annually and updated when inventory changes. Quarterly Review is strongly suggested

## **Special Considerations:**

- ALL Residential Projects in an HMIS **must** have a bed and unit inventory record as of October 1, 2017 and finalized and accurately entered into the HMIS by January 2018 for the 2018 Housing Inventory Chart update. **1/31/2018 for Boston**
- Projects that serve more than one household type must have a separate inventory record for each type.
- Shelters which have more than one availability type (year round, seasonal, overflow) must have an inventory record for each type.
- Projects that operate in more than one CoC must have separate inventory records for each CoC.
- A project may have multiple historical inventory records, however special attention **must** be paid to the Information Date and Inventory Start and end Dates to be sure the current inventory is being reflected in the data pull.
- Please see page 22 of the 2017 HMIS Data Standards Manual for more info (link on last page).

# Bed and Unit Inventory

## continued....

Field	Dependency	Response Category/	Descriptions
<b>1 Information Date</b>	None	[Date]	<p>The 'Information Date' depends on the status of the inventory:</p> <ul style="list-style-type: none"> <li>• <b>Under Development:</b> Inventory which is fully funded but not yet available for occupancy, use the date on which the record is created.</li> <li>• <b>New:</b> Inventory added since the date of the most recent HIC and available for occupancy (and for which a record does not yet exist as "under development"), use the date on which the beds/units became available.</li> <li>• <b>Existing Inventory:</b> When creating a new record to reflect changes in the number of beds/units; number of beds designated for veterans, youth, or chronically homeless; household type; or availability, use the effective date of the change. See data collection instructions for more details about when to create new records or close out existing records for inventory changes.</li> </ul>
<b>2 Inventory Start Date</b>	None	[Date]	The date on which the inventory became available, or, for inventory under development, the date on which it is expected to become available.
<b>3 Inventory End Date</b>	None	[Date]	<p>The last date that an inventory record is relevant:</p> <ul style="list-style-type: none"> <li>• For <b>current</b> records, 'Inventory End Date' should be blank.</li> <li>• For records that are being <b>closed out because a change that requires a new record</b> has occurred, 'Inventory End Date' will be the day before the effective date of the change.</li> <li>• For inventory that is <b>no longer available</b>, 'Inventory End Date' will be the last date that beds were available.</li> </ul>
<b>4 CoC Code</b>	None	[as identified in data element 2.3]	Projects that operate in more than one CoC must have separate <i>Bed and Unit Inventory</i> records for inventory located in each CoC. From the CoC codes entered in data element 2.3, indicate the CoC code associated with the inventory record.

# Bed and Unit Inventory

## continued...

5	Household Type	None	This specifies the household type (at project entry) served by beds and units in a given inventory record. Projects that serve more than one household type must have separate records of inventory for each household type.
1	Households without children		Beds and units typically serving households with adults only. This includes households composed of unaccompanied adults and multiple adults.
3	Households with at least one adult and one child		Beds and units typically serving households with at least one adult and one child.
4	Households with only children		Beds and units typically serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

# Bed and Unit Inventory

continued...

6	Bed Inventory	None	[Integer]	<p>The 'Bed Inventory' is a count of the total number of beds available for occupancy as of the 'Information Date.' The number of beds is generally equivalent to the number of persons a lodging project can house on a given night and, for Emergency Shelters, should be counted distinctly for each combination of 'Bed Type' and 'Availability.'</p> <p>For projects that serve multiple household types, but where a precise number of beds are not designated exclusively for a particular type of household, the total number of beds may be distributed among the household types served by the project using one of the following methodologies:</p> <ul style="list-style-type: none"> <li>• Divide the beds based on how the bed(s) were used on the night of the HIC. If the facility is not at full capacity on the night of the count, then extrapolate the distribution based on the prorated distribution of those who are served on the night of the count.</li> <li>• Divide the beds based on average utilization. For example, a project has 100 beds that could be used by either households with only children or households with at least one adult and one child. If one-half of the beds are used by persons in households with only children on average and the other half are used by persons in households with at least one adult and one child, then record 50 beds for households with only children, and for the 50 beds for households with at least one adult and one child in the HIC.</li> </ul> <p>Projects that only have units and no fixed number of beds can estimate the number of beds based on average household size using a multiplier factor (e.g., a project with 30 family units and an average family size of 3 would record 90 beds).</p> <p>Projects that provide housing rental assistance and have a fixed number of vouchers should determine the number of beds and units based on the number of vouchers currently funded and available for use.</p> <p>Projects that provide emergency shelter or housing rental assistance vouchers and without a fixed number of units or vouchers (e.g., Emergency Shelter-hotel/motel project, Rapid Re-Housing, some scattered site PH-Permanent Supportive Housing) should determine the number of beds (and units) based on the maximum number of persons (and households) who can be housed on a given night.</p>
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# Bed and Unit Inventory

## continued...

Field	Dependency	Response Category/ Data Type	Descriptions
7 Unit Inventory	None	[Integer]	The 'Unit Inventory' is a count of the total number of units available for occupancy as of the 'Information Date.' Projects that do not have a fixed number of units (e.g., a congregate shelter project) may record the bed inventory, the number of residential facilities operated by the project, or the number of rooms available as the unit integer. For additional instructions, see 'Bed Inventory,' above.
8 Bed Types	2.7 Project Type = 'Emergency Shelter'		Record the number of beds of each <i>Bed Type</i> offered by emergency shelter projects: Facility-based beds, voucher beds, and other beds. The total of the three types should equal the total 'Bed Inventory' shown in 2.7 Field 6.
		1 Facility-based Beds	Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.
		2 Voucher Beds	Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
		3 Other Beds	Beds located in a church or other facility not dedicated for use by persons who are homeless.
9 Availability	2.7 Project Type = 'Emergency Shelter'		Availability is recorded to identify whether the beds and units are available on a planned basis year-round, seasonally, or on an ad hoc or temporary basis, as demand indicates.
		1 Year-round	Year-round beds and units are available on a year-round basis.
		2 Seasonal	Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.
		3 Overflow	Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity.



# Bed and Unit Inventory

## continued...

10	<b>Dedicated - Bed Inventory</b>	All beds that have been funded by HUD or another federal partner that are dedicated to one or more of the following subpopulations must be recorded in the appropriate category. A bed may be counted more than once across categories (e.g., a project may have beds dedicated for persons who are both chronically homeless and a veteran). The number of beds for each subpopulation is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory. A dedicated bed is a bed that must be filled by a person in the subpopulation category (or a member of their household) unless there are no persons from the subpopulation who qualify for the project located within the geographic area.		
10	<b>Veteran Bed Inventory</b>	None	[Integer]	The number of beds that are dedicated to house homeless veterans and their household members.
11	<b>Youth Bed Inventory</b>	None	[Integer]	The number of beds that are dedicated to house homeless youth (persons up to age 24) and their household members.
12	<b>Chronically Homeless Bed Inventory</b>	2.7 <i>Project Type</i> = 'PH: Permanent Supportive Housing'	[Integer]	The number of beds that are dedicated to house chronically homeless persons and their household members.

Field	Dependency	Response Category/ Data Type	Descriptions
13 <b>HMIS Participating Beds</b>	None	[Integer]	Total number of beds participating in HMIS as of the 'Information Date.' For projects that serve a mixed population without a fixed number of beds per household type, record participating beds according to instructions provided in 2.7 Field 6 'Bed Inventory.' If a project is only collecting and entering data in HMIS for clients staying in a portion of its beds, then only record the count of beds participating in HMIS. Non-contributing CoC projects must enter "0" in the HMIS participating beds field.



# Additional Project Information

**Data Collection Point:** Initial HMIS project setup, reviewed/updated no less than annually.

Field	Dependency	Response Category/ Data Type	Descriptions
<b>1 Information Date</b>	None	[Date]	The 'Information Date' should correspond to <i>Project Start Date</i> (data element 2.2 <i>Project Identifiers</i> ) or, for new records created to document a change in information, to the effective date of the change.
<b>2 CoC Code</b>	None	[as identified in data element 2.3]	Projects that operate in more than one CoC must have separate <i>Additional Project Information</i> records for inventory located in each CoC. From the CoC codes entered in data element 2.3, indicate the CoC code associated with the inventory record.
<b>3 Geocode</b>	None	[6 digits]	Geocode associated with the geographic location of the project's principal site. HUD provides a list of geocodes as part of the annual CoC Program competition.
<b>4 Target Population</b>	None	1 DV: Domestic Violence victims	At least 75% of persons served by the project must be victims of domestic violence.
		3 HIV: Persons with HIV/AIDS	At least 75% of persons served by the project must be persons with HIV/AIDS.
		4 NA: Not applicable	Neither of the other response categories applies.
<b>5 Victim Services Provider</b>	None	0 No	
		1 Yes	A private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence.
<b>6 Project ZIP Code</b>	None	[5 digits]	The ZIP code of the project's principal site or, for scattered site projects, the ZIP code in which most of the project's clients are housed.

**Boston's CoC Code is MA-500 and Geocode is 250282**

# Additional Project Information

**Data Collection Point:** Initial HMIS project setup, reviewed/updated no less than annually.

7	Geography Type	None	1	Urban	HUD will release a crosswalk of ZIP codes and a geography type for each. Geography type must correspond to the HUD crosswalk; geography types may not be locally defined.
			2	Suburban	
			3	Rural	
8	Housing Type	None	1	Site-based - single site	All clients are housed in a single project facility.
			2	Site-based - clustered/ multiple sites	Clients are housed in more than one project facility in multiple locations.
			3	Tenant-based - scattered site	Clients have leases or other occupancy agreements and are housed in residences that are not owned or managed by the project.
9	Project Street Address 1	None	[Text]		The street address of the project's principal site or, for scattered site projects, the address in which most of the project's clients are housed. For tenant-based – scattered site projects, the field may be left blank or the administrative address may be used.
10	Project Street Address 2	None	[Text]		
11	Project City	None	[Text]		

**For more information:**

**HMIS Landing Page:**

**<https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/>**

**2017 HMIS Manual**

**<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2017.pdf>**

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**City of Boston/Boston  
CoC**

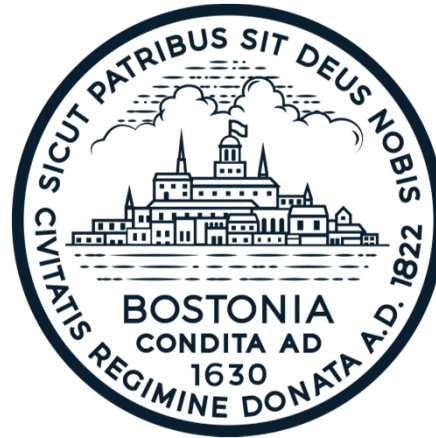
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2017 HMIS Data Standards

# Universal Data Element Definition Training



**BostonHMIS**

# Universal Data Elements (UDEs)

- Required to be collected by all projects that participate in HMIS, regardless of Funding Source.
- Enables the HMIS to produce an unduplicated count of the estimated number of persons experiencing homelessness.
- Basic Demographic Information
- Foundation of the Annual Homeless Assessment Report (AHAR) which is delivered to Congress annually
- **ALL HMIS Responses are Client Self-Reported**

# Complete List of UDEs

## **Universal Identifier Elements (One and Only One per Client *Record*)**

- 3.1 [Name](#)
- 3.2 [Social Security Number](#)
- 3.3 [Date of Birth](#)
- 3.4 [Race](#)
- 3.5 [Ethnicity](#)
- 3.6 [Gender](#)
- 3.7 [Veteran Status](#)

## **Universal Project Stay Elements (One or More Value(s) Per Client or Household Project Stay)**

- 3.8 [Disabling Condition](#)
- 3.10 [Project Start Date](#)
- 3.11 [Project Exit Date](#)
- 3.12 [Destination](#)
- 3.15 [Relationship to Head of Household](#)
- 3.16 [Client Location](#)
- 3.20 [Housing Move-In Date](#)
- 3.917 [Living Situation](#)

The following charts indicate for whom and when each element is collected about a client

# Data Element Collection Summary

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1	Name	X				X					
3.2	Social Security Number	X				X					
3.3	Date of Birth	X				X					
3.4	Race	X				X					
3.5	Ethnicity	X				X					
3.6	Gender	X				X					
3.7	Veteran Status				X	X					
3.8	Disabling Condition	X					X				
3.10	Project Start Date	X					X				
3.11	Project Exit Date	X									X
3.12	Destination	X									X
3.15	Relationship to Head of Household	X					X				
3.16	Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			

## Data Element Collection Summary continued...

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.20	Housing Move-In Date	X				X (at time of move-in to PH, if applicable)					
3.917	Living Situation	X				X					
4.2	Income and Sources	X				X			X	X	X
4.3	Non-Cash Benefits	X				X			X	X	X
4.4	Health Insurance	X				X			X	X	X
4.5	Physical Disability	X				X			X		X
4.6	Developmental Disability	X				X			X		X
4.7	Chronic Health Condition	X				X			X		X
4.8	HIV/AIDS	X				X			X		X
4.9	Mental Health Problem	X				X			X		X
4.10	Substance Abuse	X				X			X		X
4.11	Domestic Violence	X				X			X		
4.12	Contact	X				X (at time each of contact)					
4.13	Date of Engagement	X				X (at point of engagement)					
4.14	Bed Night Date	X				X (as provided)					
4.18	Housing Assessment Disposition	X				X					



# Name

**Subject:** Collect on ALL clients

**Data Collection Point:** At Client Record Creation

Field	Dependency	Response Category/ Data Type	Descriptions
1 First	None	[Text]	To avoid duplicate record creation, the full first name should be used (e.g., James vs. Jim)
2 Middle	None	[Text]	
3 Last	None	[Text]	To avoid duplicate record creation, the last name should be recorded in full. Use the current last name, use the format the client normally provides as identification (e.g. with hyphen or without hyphen). Use the order of last names as the client indicates is culturally correct.
4 Suffix	None	[Text]	
5 Name Data Quality	None	1 Full name reported	Select 'Full name reported' for Name Data Quality as long as complete, full first and last names have been recorded.
		2 Partial, street name, or code name reported	Select 'Partial, street name, or code name reported' in any of the following circumstances: 1) a partial, short, or nickname was used instead of the full first name; 2) a street name or code name was used for street outreach clients at initial intake and until the client was able to supply their full legal name; 3) a name modification was used for security reasons; or 4) for any other reason the name does not match the clients full name as it would appear on identification.
		8 Client doesn't know	Select 'Client doesn't know' when client does not know their name. Use 'Client doesn't know' rather than 'Partial, street name or code name reported' if a false name/made up name was entered in order to create a record in the system solely because the client did not know or was unable to provide their name.
		9 Client refused	Select 'Client refused' when client refuses to provide their name. Use 'Client refused' rather than 'Partial, street name, or code name reported' if a false name/made up name was entered in order to create a record in the system solely because the client refused to tell staff their name.
		99 Data not collected	

For Clients who refuse to consent to data collection please record as Anonymous, Anonymous and Client Refused as the Quality Code but be sure to connect your paper records/files with the HMIS created Client ID/Case Number to be able to collect services delivered to this client. Also, please try and approximate DOB, the SSN can be all 9s and Refused. Please attempt to collect all other data elements on a client for aggregate reporting purposes knowing that this data will not be identified to them (gender, race, income, etc)

# Social Security Number and Date of Birth

**Subject:** Collect on ALL clients

**Collection Point:** Record Creation

Field	Dependency	Response Category/ Data Type	Descriptions
1 Social Security Number	None	[9 digits]	
2 SSN Data Quality	None	1 Full SSN Reported	A complete and valid SSN is provided.
		2 Approximate or partial SSN reported	Any SSN other than a complete and valid 9 digit SSN, regardless of the reason, is provided.
		8 Client doesn't know	A client does not know or does not have a SSN.
		9 Client refused	A client refuses to provide any part of their SSN, regardless of the reason.
		99 Data not collected	

If Client has refused to supply an SSN and the system requires a 9 digit number, please use all 9s. Some systems will allow a blank SSN field if the SSN Quality Code is Doesn't Know/Refused

If a Client has refused to supply a DOB or Doesn't Know, please enter the DOB as January 1 and Approximate a Year of Birth based on Approximate Age and capture the correct Quality Code for this DOB

Field	Dependency	Response Category/ Data Type	Descriptions
1 Date of Birth	None	[Date]	
2 DOB Data Quality	None	1 Full DOB reported	The complete date of birth is provided by the client.
		2 Approximate or partial DOB reported	The client cannot remember their full or exact date of birth, but is able to recall their age within one year.
		8 Client doesn't know	Use 'Client doesn't know' rather than 'Approximate or partial DOB reported' if an approximate or partial date of birth was used because the client did not know their date of birth within one year.
		9 Client refused	Use 'Client refused' rather than 'Approximate or partial DOB reported' if a partial or approximate date of birth was entered in order to create a record in the system because the client refused to provide their date of birth or their age for staff to approximate.
		99 Data not collected	

# Race

**Subject:** Collect on ALL clients  
**Collection Point:** Record Creation

Field	Dependency	Response Category/ Data Type	Descriptions
1 Race	None	1 American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
		2 Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
		3 Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as 'Haitian' can be used in addition to 'Black or African American.'
		4 Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
		5 White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
		8 Client doesn't know	'Client doesn't know' should only be selected when a client does not know their race(s) from among the five listed races. 'Client doesn't know' should not be used in conjunction with any other response.
		9 Client refused	'Client refused' should only be selected when a client refuses to identify their race(s) from among the five listed races. 'Client refused' should not be used in conjunction with any other response.
		99 Data not collected	

A Client may select all that apply.

Please see the next few slides for Special Considerations from HUD around Race and Ethnicity

# Ethnicity

**Subject:** Collect on ALL clients  
**Collection Point:** Record Creation

Field	Dependency	Response Category/ Data Type	Descriptions
1 Ethnicity	None	1 Non-Hispanic/Non-Latino	
		2 Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

Please see the next few slides for Special Considerations from HUD around Race and Ethnicity

# Race and Ethnicity

## continued...

This data element can be challenging to separate from ethnicity. As one example, some people of Latin American descent often indicate their race is 'Hispanic,' and would not be referred to in casual conversation or seen in their communities or by themselves as 'White' or 'Black or African American.' Unless the person is from an original people's group—that is, indigenous or American Indian—in which case, they would select that option, the staff will have to ask follow-up questions to ascertain the best response for *Race*. Staff may ask something like "do you know if your ancestors were originally from a country like Spain, somewhere in Africa, or are you part of an indigenous group?" The response is tied to where their ancestors came from, not necessarily where they were born or lived during their lifetime.

By the time clients get to data element 3.5 *Ethnicity*, they may have already responded to *Race* with something like 'Hispanic,' 'Guatemalan,' or 'Latino,' so staff should be able to clearly distinguish between these two data elements and select responses accordingly, even if the answers are provided out of order.

# Gender

**Subject:** Collect on ALL clients

**Collection Point:** Record Creation

Field	Dependency	Response Category/ Data Type	Descriptions
1 Gender	None	0 Female	
		1 Male	
		2 Trans Female (MTF or Male to Female)	Clients who live or identify as women, even though they were assigned male at birth.
		3 Trans Male (FTM or Female to Male)	Clients who live or identify as men, even though they were assigned female at birth.
		4 Gender Non-Conforming (i.e. not exclusively male or female)	Clients who do not identify exclusively as male or female.
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

- Must be client identified and does not have to match legal documents.
- Clients which report differing genders at different locations are not violating standards for accurate collection.
- Transgender clients may elect to share their transgender status or not. If it is disclosed that a client is transgender, staff may ask a client if they wish to identify that gender as transgender or not. Example a client identifies as a transgender man, they may elect to have their gender identified as Trans Male (female to male) or just as Male.

# Veteran Status

**Subjects:** Collect on ALL adults (18 and over)

**Collection Point:** Record Creation

Field	Dependency	Response Category/ Data Type		Descriptions
1 Veteran Status	None	0	No	Veteran Status should be 'No' for anyone who has not been on active duty, including: Individuals who attended training but were discharged before reporting to a duty station. Reservists or National Guard who were never activated or deployed.
		1	Yes	Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. <b>Army, Navy, Air Force, Marine Corps, and Coast Guard:</b> active duty begins when a military member reports to a duty station after completion of training. <b>Reserves and National Guard:</b> active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

- Response must be answered if a youth turns 18 while receiving services.
- *"Have you ever served on active duty in the US military?"*



# Disabling Condition

**Subjects: Required for ALL household members (Boston Rule)\***

**Collection Point: At Project Entry**

Field	Dependency	Response Category/ Data Type		Descriptions
1 Disabling Condition	None	0	No	
		1	Yes	<p>One or more of the following:</p> <p>A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:</p> <ol style="list-style-type: none"> <li>1) Is expected to be long-continuing or of indefinite duration;</li> <li>2) Substantially impedes the individual's ability to live independently; <b>and</b></li> <li>3) Could be improved by the provision of more suitable housing conditions.</li> </ol> <p>A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002).</p> <p>The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).</p> <p>A veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act.</p>
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

- Must be Client Self-Reported
- May not collect as part of program admission unless information is needed to determine eligibility or to make appropriate accommodations.
- One of the criteria used to determine chronicity of homelessness.



# Disabling Condition

continued...

- Physical, mental or emotional impairment, including those caused by substance abuse, post-traumatic stress disorder or brain injury.
  - i. Expected to be long duration and \*\*
  - ii. Impedes the individual's ability to live independently and \*\*
  - iii. Could be improved by the provision of more suitable housing.
- Developmental Disability (diagnosed under age 22)
- AIDs or HIV
- Client receiving SSI, SSDI, VA Disability

**\*\* In order for a Physical, Mental Health or Substance Abuse problem to be classified as a Disabling Condition the above two conditions in RED must be YES.**

# Project Start/Exit

**Subject:** Collect on ALL clients

**Collection Point:** Project Start/Exit

Field	Dependency	Response Category/ Data Type	Descriptions
1 Project Start Date	None	[Date]	<p><b>Street Outreach:</b> Date of first contact with the client.</p> <p><b>Emergency Shelter:</b> Night the client first stayed in the shelter. Night by night shelters will have a project start date and will allow clients to re-enter as necessary without “exiting” and “restarting” for each stay for a specified period.</p> <p><b>Safe Haven and Transitional Housing:</b> Date the client moves into the residential project (i.e. first night in residence).</p> <p><b>Permanent Housing, including Rapid Re-Housing:</b> Date following application that the client was admitted into the project. To be admitted indicates the following factors have been met: 1) Information provided by the client or from the referral indicates they meet the criteria for admission; 2) The client has indicated they want to be housed in this project; 3) The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, or scattered-site subsidy) or expects to have one in a reasonably short amount of time.</p> <p><b>Other Service Projects:</b> including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.</p>

\*In Boston, for PH programs, including RRH Stabilization programs, the start date should be the date a Client moved into housing. The Start Date for RRH Pre-Placement programs should be the day that a client agreed to housing and deemed eligible for the program.

# Project Entry/Exit

continued...

Field	Dependency	Response Category/ Data Type	Descriptions
1 Project Exit Date	None	[Date]	<b>Residential projects:</b> The last day of continuous stay in the project before the client transfers to another residential project or otherwise stops residing in the project.  <b>Non-residential projects:</b> the last day a service was provided or the last date of a period of ongoing service.

Boston requires that clients in an Emergency Shelter that uses a Bed Register or a Street Outreach program be exited out of the program 30 days after their last stay and that the exit date should be the last date of service.

# Client Location

**Subjects:** Collect on Head of Household  
**Collection Point:** At Project Entry

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	1 [date]	The date the information was collected.
2 CoC Code for Client Location	None	2 [Text – 6 characters]	HUD assigned CoC code for the client's location

- HUD Assigned CoC Code used to link project client data to the relevant CoC
- Boston's CoC Code is MA-500
- Update if client moves during the project stay

# Housing Move-In Date

**Subjects:** Collect on Head of Household

**Collection Point:** When Appropriate (Exit most likely but if a service program they may remain in the program after move in)

Field	Dependency	Response Category/ Data Type	Descriptions
1 Housing Move-In Date	None	[Date]	The date the client moved into housing.

This should be the actual date of Move-In/Lease up for a client.

# Living Situation

**Subjects:** Collect on Head of Household and Adults

**Collection Point:** At Project Entry

**Rationale:** Reflect the last living situation **immediately** before project entry. Ask, *“What type of housing did you stay in last night?”*

Field	Dependency	Response Category/ Data Type	Descriptions
1 Type of Residence	None	HOMELESS SITUATIONS	
		16 Place not meant for habitation	
		1 Emergency shelter, including hotel or motel paid for with emergency shelter	<ul style="list-style-type: none"> <li>• ESG Emergency Shelter</li> <li>• HOPWA Hotel/Motel or Short Term Housing</li> <li>• RHY BCP shelter</li> <li>• VA HCHV Community Contract Emergency Housing</li> <li>• Locally-funded shelters</li> </ul>
		18 Safe Haven	<ul style="list-style-type: none"> <li>• CoC Safe Haven</li> <li>• VA Community Contract Safe Haven</li> <li>• Locally-funded Safe Haven type projects</li> </ul>
		27 Interim Housing	<p>Limited to use by PSH projects for which chronic homelessness is an eligibility criterion.</p> <p>A housing situation where a chronically homeless person has: 1) applied for permanent housing, 2) been accepted, and 3) a unit/voucher for permanent housing reserved for them, but for which there is some other situation that prevents them from moving immediate move into housing. Where it has been determined to be absolutely necessary to use transitional housing to keep the client engaged prior to moving into PSH, the client must be identified as coming from “interim housing” to preserve chronic identification in reporting. This housing is not a substitute for a waiting list or for any situation other than identified here.</p>

# Living Situation

continued...

INSTITUTIONAL SITUATIONS	
4	Psychiatric hospital or other psychiatric facility
5	Substance abuse treatment facility or detox center
6	Hospital or other residential non-psychiatric medical facility
7	Jail, prison or juvenile detention facility
15	Foster care home or foster care group home
24	Long-term care facility or nursing home

OTHER SITUATIONS	
8	Client doesn't know
9	Client refused
99	Data not collected

1	Type of Residence (cont.)	None	TRANSITIONAL AND PERMANENT HOUSING SITUATIONS
2	Transitional housing for homeless persons (including homeless youth)		<ul style="list-style-type: none"> <li>• CoC Transitional Housing</li> <li>• HOPWA Transitional Housing (when moving from non-HOPWA projects)</li> <li>• RHY Maternal Group Homes or TLP</li> <li>• VA GPD Bridge Housing, Service Intensive Transitional Housing, Hospital to Housing, or Clinical Treatment</li> <li>• Any locally-funded transitional housing project (facilitates movement to permanent housing with occupancy agreement for terms from 1-24 months).</li> </ul>
26	Residential project or halfway house with no homeless criteria		A sober living or other residential project with no lease or rights of tenancy, with or without time limits
14	Hotel or motel paid for without emergency shelter voucher		
13	Staying or living in a friend's room, apartment, or house		
12	Staying or living in a family member's room, apartment, or house		
3	Permanent housing (other than RRH) for formerly homeless persons		<ul style="list-style-type: none"> <li>• CoC Permanent Supportive Housing</li> <li>• HOPWA facility/TBRA permanent housing</li> </ul>
19	Rental by client, with VASH subsidy		
25	Rental by client, with GPD TIP subsidy		
20	Rental by client, with other housing subsidy (including RRH)		Any subsidized rental housing other than CoC PSH, GDP TIP, or VASH. Includes any RRH (CoC, ESG, SSVF, GPD TIP, or locally-funded), HUD HCV with no paired services, legacy SRO, and Pay for Success.
21	Owned by client, with ongoing housing subsidy		
22	Rental by client, no ongoing housing subsidy		
23	Owned by client, no ongoing housing subsidy		

# Living Situation

continued...

Field	Dependency	Response Category/ Data Type	Descriptions
2 Length of stay in prior living situation	None	10 One night or less	The length of time the client was residing in the living situation selected in Field 1. If the client moved around, but in the same <i>type</i> of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected in Field 1.
		11 Two to six nights	
		2 One week or more, but less than one month	
		3 One month or more, but less than 90 days	
		4 90 days or more, but less than one year	
		5 One year or longer	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
Dependent Fields A, B, and C are not applicable to Emergency Shelter, Safe Haven, or Street Outreach projects. Proceed to Field 3.			
A Did the client stay less than 90 days?	Field 1; Any Institutional Response	0 No	
		1 Yes	90 days or more in an institutional setting is considered a "break" according to the <u>definition of chronic homelessness</u>
B Did the client stay less than 7 nights?	Field 1; Any Transitional and Permanent Housing Response	0 No	
		1 Yes	7 nights or more in transitional or permanent housing situations is considered a "break" according to the <u>definition of chronic homelessness</u>
C On the night before, did the client stay on the streets, ES or SH <sup>4</sup>	Fields A & B; Response 1	0 No	
		1 Yes	
For all Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Assessment (Coordinated Entry): If 'Yes' to both Fields A and C or Fields B and C, proceed. Otherwise, stop data collection.			

These additional questions are HUD's attempt to collect the needed data to identify a client as Chronically Homeless in the HMIS if the historic data is not available. Boston generates the Boston CoC Chronic List based on actual bed nights in the system and not this client self-reported data. However, programs must continue to collect these data elements as they are required. This data may inform programs as to a client's extent of homelessness and usage in other CoCs and finally programs that must report an annual report to a Federal Funder must have this data collected.

An Additional flowchart is provided by HUD for these questions, please see the next slide.



# Living Situation

continued...

Field	Dependency	Response Category/ Data Type		Descriptions
3 Date homeless-ness started	None	[Date]		<p>Have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH.<sup>4</sup></p> <p>Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client's "literal" homelessness began.</p> <p>The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</p> <p>Approximations are permitted.</p>
4 Number of times the client has been on the streets, in ES, or SH in the past three years <sup>4</sup>	None	1	One time	Including today, count all the different times the client was on the streets, in an emergency shelter, or in a safe haven in the last 3 years where there are <i>full</i> breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing)
		2	Two times	
		3	Three times	
		4	Four or more times	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
5 Total number of months homeless on the street, in ES, or SH in the past three years <sup>4</sup>	None	101	One month (this time is the first month)	Count the cumulative number of months in which a person was on the streets, in an ES, or SH in the last 3 years, <i>including</i> stays in an institution <90 days or in permanent or transitional housing <7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.
		102	[Integers 2-12]	
		-		
		112		
		113	More than 12 months	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

These additional questions are HUD's attempt to collect the needed data to identify a client as Chronically Homeless in the HMIS if the historic data is not available. Boston generates the Boston CoC Chronic List based on actual bed nights in the system and not this client self-reported data. However, programs must continue to collect these data elements as they are required. This data may inform programs as to a client's extent of homelessness and usage in other CoCs and finally programs that must report an annual report to a Federal Funder must have this data collected.

An Additional flowchart is provided by HUD for these questions, please see the next slide.

# Living Situation

continued...

## 3.917: For Street Outreach, Emergency Shelter, Safe Haven

1. Where was the client just before project start?

2. How long ago did the client start staying in that place?

3. How long has the client been in a "literal homeless" situation?

4. How many times has the client been in "literal homeless" situations in the past 3 years?

5. How many cumulative months has the client been in "literal homeless" situations in the past 3 years?

## 3.917: For All Other Project Types

1. Where was the client just before project start?

2. How long ago did the client start staying in that place?

2A. Was the stay in an institution for <90 days? OR permanent or transitional housing <7 days?

No

STOP

Yes

2B. On the night before that, were they on the streets, in shelter, or in safe haven?

No

STOP

Yes

3. How long has the client been in a "literal homeless" situation?

4. How many times has the client been in a "literal homeless" situations in the past 3 years?

5. How many cumulative months has the client been in "literal homeless" situations in the past 3 years?

Situations  
Homeless

# Relationship to HoH

**Subjects:** Collect on ALL CLIENTS (including single individuals)

**Collection Point:** At Project Entry

Field	Dependency	Response Category/ Data Type	Descriptions
1 Relationship to Head of Household	None	1 Self	Heads of household may be alternatively thought of as the “primary client,” the “eligible individual” etc., rather than as a fixed designation.
		2 Head of household's child	Sons and daughters, including step-, adopted, and foster children of the head of household, regardless of their age.
		3 Head of household's spouse or partner	
		4 Head of household's other relation member (other relation to head of household)	
		5 Other: non-relation member	Groups of people may self-define their households or families, which may include other non-relations.  However, If the group of persons are all children and youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as their own record in their own household.

- Helps to facilitate reporting on household composition

# Relationship to HoH

continued...

- For the purpose of this assessment question: A household is a single individual or group of person who apply for services together
- “HOH” can alternatively be thought of as the “primary client” or the “eligible individual”
- Cannot have more than one “HoH” at a time
- If the HoH leaves the project while other household members remain, another member currently participating should be designated as the HoH and the other members’ relationship to the HoH should be revised accordingly

# Destination

**Subjects:** Collect on ALL household members

**Collection Point:** At Project Exit

Field	Depen- dency	Response Category/Data Type		Descriptions
1 Destination	None	TEMPORARY SITUATIONS		
		Homeless Situations	16 Place not meant for habitation	e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside
			1 Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<ul style="list-style-type: none"> <li>• ESG Emergency Shelter</li> <li>• HOPWA Hotel/Motel or Short Term Housing</li> <li>• RHY BCP shelter</li> <li>• VA HCHV Community Contract Emergency Housing</li> <li>• Locally-funded shelters</li> </ul>
			18 Safe Haven	<ul style="list-style-type: none"> <li>• CoC Safe Haven</li> <li>• VA Community Contract Safe Haven</li> <li>• Locally-funded Safe Haven type projects</li> </ul>
			27 Moved from one HOPWA funded project to HOPWA TH	Limited to use by HOPWA-funded projects
			2 Transitional housing for homeless persons (including homeless youth)	<ul style="list-style-type: none"> <li>• CoC Transitional Housing</li> <li>• HOPWA Transitional Housing (when moving from non-HOPWA projects)</li> <li>• RHY Maternal Group Homes or TLP</li> <li>• VA GPD Bridge Housing, Service Intensive Transitional Housing, Hospital to Housing, or Clinical Treatment</li> <li>• Any locally-funded transitional housing project (facilitates movement to permanent housing with occupancy agreement for terms from 1-24 months).</li> </ul>

# Destination

continued...

Non-Homeless Temporary Situations	14	Hotel or motel paid for without emergency shelter voucher	
	29	Residential project or halfway house with no homeless criteria	A sober living or other residential project with no lease or rights of tenancy, with or without time limits
	12	Staying or living with family, temporary tenure (room, apartment, or house)	
	13	Staying or living with friends, temporary tenure (room, apartment, or house)	

Institutional Situations	4	Psychiatric hospital or other psychiatric facility	
	5	Substance abuse treatment facility or detox center	
	6	Hospital or other residential non-psychiatric medical facility	
	7	Jail, prison, or juvenile detention facility	
	15	Foster care home or foster care group home	
	25	Long-term care facility or nursing home	

# Destination

continued...

PERMANENT SITUATIONS			
Continuum PH Projects	31	Rental by client, with RRH or equivalent subsidy	Use this response category only if the client is moving directly into a unit. <ul style="list-style-type: none"> <li>• CoC Rapid Re-Housing</li> <li>• ESG Rapid Re-Housing</li> <li>• SSVF Rapid Re-Housing</li> <li>• VA GPD Transition In Place</li> <li>• Locally-funded Rapid Re-Housing</li> </ul>
	26	Moved from one HOPWA funded project to HOPWA PH	Limited to use by HOPWA-funded projects
	3	Permanent housing (other than RRH) for formerly homeless persons	<ul style="list-style-type: none"> <li>• CoC Permanent Supportive Housing</li> <li>• HOPWA facility/TBRA permanent housing (when moving from non-HOPWA projects)</li> </ul>
Rent/Own with Subsidy	28	Rental by client, with GPD TIP housing subsidy	
	19	Rental by client, with VASH housing subsidy	
	20	Rental by client, with other ongoing housing subsidy	Any subsidized rental housing other than CoC PSH, HOPWA PH, RRH, GPD TIP, or VASH. Includes HUD HCV with no paired services, legacy SRO, and Pay for Success
	21	Owned by client, with ongoing housing subsidy	
Rent/Own no Subsidy	10	Rental by client, no ongoing housing subsidy	
	11	Owned by client, no ongoing housing subsidy	
Other Permanent	22	Staying or living with family, permanent tenure	
	23	Staying or living with friends, permanent tenure	

OTHER SITUATIONS			
Other	24	Deceased	
Situations	17	Other	Any response of 'Other' will not count in any HMIS-based reporting as a positive outcome. Review the above list carefully to determine if any option above is a reasonable match
	30	No exit interview completed	This will be considered missing data for data quality purposes
	8	Client doesn't know	
	9	Client refused	
	99	Data not collected	

# Destination

continued...

- Where client will stay IMMEDIATELY UPON exit.
- Important outcome measurement for System Performance Measures (Discharge Destination/Engagement)
- When a Client is being Exited out of an Emergency Shelter due to no bed stays in 30 days, you must select **No Exit Interview Completed** otherwise this will be a Missing Data Issue

Mass shelters that track bed nights using the night by night method may have high rates of missing *Destination* data when the client is exited. Often, in this model, a client is exited after a period of time of not coming into the shelter, at which point the opportunity to ask clients where they are going is lost. HUD and other federal partners strongly encourage shelters – even large scale shelters – to consider themselves to be a part of the community's system working to end homelessness. Any steps these projects can take to establish relationships with clients, focus on moving clients into more permanent housing situations, or collaborate with service projects that do so, will improve a system's functioning, data quality, and client outcomes.



# Avoiding Unintentional Data Quality Errors

- Common causes of errors:
  - Illegible writing on intake form
  - Client misunderstands the question
  - Inconsistent interpretation (by clients/staff)
  - Language barriers
  - Misspellings, use of nicknames and/or aliases
  - Transposing numbers
  - Accidentally selecting the wrong response
  - Entering Incorrect dates

For more information:

**2017 HMIS Data Standards**

**<https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>**

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2017 HUD Data Standards

# Program Specific Data Element Definition Training



BostonHMIS

# Program Specific Data Elements

- Elements that provide the following:
  - Information about the characteristics of clients
  - Services provided
  - Outcomes
  - These data elements may change over time during a specific program enrollment or during a client's overall homelessness
  - **Because this information can change over time, Program Specific Data Elements are required to be updated annually 30 days before or after a Client's start date anniversary. This annual update impacts program outcome reporting.**
- Facilitate data collection and reporting for:
  - CoC/ESG
  - PATH
  - GPD, SSVF, VASH
  - RHY
  - HOPWA
  - Annual Homeless Assessment Report

Boston has opted to require Program Specific Data Elements for all programs entering data into HMIS.

# List of Required Program Specific Data Elements Common Data Elements Across Federal Partners

- 4.2 [Income and Sources](#)
- 4.3 [Non-Cash Benefits](#)
- 4.4 [Health Insurance](#)
- 4.5-4.10 [Disability Elements](#)
- 4.5 [Physical Disability](#)
- 4.6 [Developmental Disability](#)
- 4.7 [Chronic Health Condition](#)
- 4.8 [HIV/AIDS](#)
- 4.9 [Mental Health Problem](#)
- 4.10 [Substance Abuse](#)
- 4.11 [Domestic Violence](#)
- 4.12 [Contact](#)
- 4.13 [Date of Engagement](#)
- 4.14 [Bed-Night Date](#)
- 4.18 [Housing Assessment Disposition](#)

The following charts indicate for whom to collect the data, when to collect the data and specific instructions and additional data elements for other Federally funded programs.

# Data Element Collection Summary

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1	Name	X				X					
3.2	Social Security Number	X				X					
3.3	Date of Birth	X				X					
3.4	Race	X				X					
3.5	Ethnicity	X				X					
3.6	Gender	X				X					
3.7	Veteran Status				X	X					
3.8	Disabling Condition	X					X				
3.10	Project Start Date	X					X				
3.11	Project Exit Date	X									X
3.12	Destination	X									X
3.15	Relationship to Head of Household	X					X				
3.16	Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			

# Data Element Collection Summary continued...

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.20	Housing Move-In Date	X				X (at time of move-in to PH, if applicable)					
3.917	Living Situation	X				X					
4.2	Income and Sources	X				X			X	X	X
4.3	Non-Cash Benefits	X				X			X	X	X
4.4	Health Insurance	X				X			X	X	X
4.5	Physical Disability	X				X			X		X
4.6	Developmental Disability	X				X			X		X
4.7	Chronic Health Condition	X				X			X		X
4.8	HIV/AIDS	X				X			X		X
4.9	Mental Health Problem	X				X			X		X
4.10	Substance Abuse	X				X			X		X
4.11	Domestic Violence	X				X			X		
4.12	Contact	X				X (at time each of contact)					
4.13	Date of Engagement	X				X (at point of engagement)					
4.14	Bed Night Date	X				X (as provided)					
4.18	Housing Assessment Disposition	X				X					



# Program Specific Data Elements

## Federal Partner Funder Requirements

- The Following Charts detail which Common Elements and Additional Data Elements must be collected for Other Non-HUD Federally Funded Programs

### VA Programs

VA Programs  
HMIS Manual  
<https://www.hudexchange.info/resources/documents/VA-Programs-HMIS-Manual.pdf>

Note VASH has its own Manual on next slide

Data Collection Requirements by Program Component:

#	Name	SSVF: RRH	SSVF: HP	HCHV: CRS EH	GPD: All
3.1-3.917	Universal Data Elements	X	X	X	X
4.2	Income and Sources	X	X	X	X
4.3	Non-Cash Benefits	X	X	X	X
4.4	Health Insurance	X	X	X	X
4.5	Physical Disability			X	X
4.6	Developmental Disability			X	X
4.7	Chronic Health Condition			X	X
4.8	HIV/AIDS			X	X
4.9	Mental Health Problem			X	X
4.10	Substance Abuse			X	X
4.11	Domestic Violence			X	X
V1	Veteran's Information	X	X	X	X
V2	Services Provided – SSVF	X	X	O	O
V3	Financial Assistance – SSVF	X	X		
V4	Percent of AMI (SSVF Eligibility)	X	X		
V5	Last Permanent Address	X	X		
V6	VMAC Station Number	X	X		
V7	SSVF HP Targeting Criteria		X		
P4	Connection with SOAR	X	X		
R4	Last Grade Completed	X	X		

X = Data collection required

O = Data collection optional at the discretion of grantee

# Program Specific Data Elements

## Federal Partner Funder Requirements

- The Following Charts detail which Common Elements and Additional Data Elements must be collected for Other Non-HUD Federally Funded Programs

### VA VASH Program

### VA VASH Program HMIS Manual

<https://www.hudexchange.info/resources/documents/HUD-VASH-Program-HMIS-Manual.pdf>

Data Element #	Name	HUD-VASH	HUD-VASH-OTH
3.1-3.917	Universal Data Elements	X	X
4.2	Income and Sources	X	X
4.3	Non-Cash Benefits	X	X
4.4	Health Insurance	X	X
4.5	Physical Disability	X	X
4.6	Developmental Disability	X	X
4.7	Chronic Health Condition	X	X
4.8	HIV/AIDS	X	X
4.9	Mental Health Problem	X	X
4.10	Substance Abuse	X	X
4.11	Domestic Violence	X	X
4.18	Housing Assessment Disposition	CE	CE
V1	Veteran's Information	X	X
V5	Last Permanent Address	X	X
V6	VAMC Station Number	X	X
V8	HUD-VASH Voucher Tracking		X
V9	HUD-VASH Exit Information		X
R4	Last Grade Completed	X	X
R6	Employment Status		X
R7	General Health Status		X

X = Data collection required

CE = Data collection required for coordinated entry

Note specific instructions for VASH programs usage of HOMES and HMIS in the manual.

# Program Specific Data Elements

## Federal Partner Funder Requirements

- The Following Charts detail which Common Elements and Additional Data Elements must be collected for Other Non-HUD Federally Funded Programs

### RHY Programs

### RHY Programs HMIS Manual

<https://www.hudexchange.info/resources/documents/RHY-Program-HMIS-Manual.pdf>

This Manual also provides in depth information about consent for data sharing and data collection for homeless youth.

Number	Element	BCP -es	BCP - p	MGH	SOP	TLP	DEMO
4.2	Income and Sources			X		X	X
4.3	Non-Cash Benefits	X	X	X		X	X
4.4	Health Insurance	X	X	X	X	X	X
4.5	Physical Disability	X	X	X	X	X	X
4.6	Developmental Disability	X	X	X	X	X	X
4.7	Chronic Health Condition	X	X	X	X	X	X
4.9	Mental Health Problem	X	X	X	X	X	X
4.10	Substance Abuse	X	X	X	X	X	X
4.12	Contact				X		
4.13	Date of Engagement				X		
R1	Referral Source	X	X	X		X	X
R2	RHY: BCP Status	X	X				
R3	Sexual Orientation	X	X	X	X	X	X
R4	Last Grade Completed	X	X	X		X	X
R5	School Status	X	X	X		X	X
R6	Employment Status	X	X	X		X	X
R7	General Health Status	X	X	X		X	X
R8	Dental Health Status	X	X	X		X	X
R9	Mental Health Status	X	X	X		X	X
R10	Pregnancy Status	X	X	X	X	X	X
R11	Formerly a Ward of Child Welfare/Foster Care Agency	X	X	X		X	X
R12	Formerly a Ward of Juvenile Justice System	X	X	X		X	X
R13	Family Critical Issues	X	X	X		X	X
R14	RHY Service Connections	X	X	X		X	X
R15	Commercial Sexual Exploitation/Sex Trafficking	X	X	X	X	X	X
R16	Labor Trafficking	X	X	X	X	X	X
R17	Project Completion Status	X		X		X	X
R18	Counseling	X	X	X		X	X
R19	Safe and Appropriate Exit	X		X		X	X
R20	Aftercare	X	X	X		X	X

# Program Specific Data Elements

## Federal Partner Funder Requirements

- The Following Charts detail which Common Elements and Additional Data Elements must be collected for Other Non-HUD Federally Funded Programs

### Data Collection Requirements

Formula and Competitive Programs may enter data into HMIS. Grantees that use homelessness or chronic homelessness in their program design as primary criteria for eligibility must use an HMIS to track the services for their homeless clients. Additionally, some competitive awards also require grantees to use HMIS, per the grant agreement. While these grantees are required to use HMIS, all grantees – regardless of target population – are strongly encouraged to participate in a local HMIS, or equivalent, to track beneficiary-level data and outcome data. All HOPWA projects using HMIS are required to collect all of the Universal Data Elements and a select number of Program-Specific Data Elements, which are shown below for each program component:

### HOPWA Programs

#### HOPWA Programs HMIS Manual

<https://www.hudexchange.info/resources/documents/HOPWA-Program-HMIS-Manual.pdf>

Note there is specific information around Project/Component Type and IDIS crosswalk in this manual.

HMIS Program Specific Data Element	H/M	STH	HI	PH	PHP	STRMU	TH	SSO
4.2 Income and Sources	X	X	X	X	X	X	X	X
4.3 Non-Cash Benefits	X	X	X	X	X	X	X	X
4.4 Health Insurance	X	X	X	X	X	X	X	X
4.5 Physical Disability	X	X	X	X	X	X	X	X
4.6 Developmental Disability	X	X	X	X	X	X	X	X
4.7 Chronic Health Condition	X	X	X	X	X	X	X	X
4.8 HIV/AIDS	X	X	X	X	X	X	X	X
4.9 Mental Health Problem	X	X	X	X	X	X	X	X
4.10 Substance Abuse	X	X	X	X	X	X	X	X
4.11 Domestic Violence	X	X	X	X	X	X	X	X
W1 Services Provided – HOPWA	X	X	X	X	X	X	X	X
W2 Financial Assistance – HOPWA					X	X		
W3 Medical Assistance	X	X	X	X	X	X	X	X
W4 T-cell (CD4) and Viral Load	X	X	X	X	X	X	X	X
W5 Housing Assessment at Exit	X	X	X	X	X	X	X	X



# Program Specific Data Elements

## Federal Partner Funder Requirements

- The Following Charts detail which Common Elements and Additional Data Elements must be collected for Other Non-HUD Federally Funded Programs

### PATH Program

### PATH Program HMIS Manual

<https://www.hudexchange.info/resources/documents/PATH-Program-HMIS-Manual.pdf>

Note the Manual has specific instructions around contacts, engagements, referrals and other PATH requirements. Also included are Special Considerations for data collection challenges.

Element Number	HMIS Program Specific Data Element	Street Outreach	Services Only
4.2	Income and Sources	x	x
4.3	Non-Cash Benefits	x	x
4.4	Health Insurance	x	x
4.5	Physical Disability	x	x
4.6	Developmental Disability	x	x
4.7	Chronic Health Condition	x	x
4.8	HIV/AIDS	Δ	Δ
4.9	Mental Health Problem	x	x
4.10	Substance Abuse	x	x
4.12	Contact	x	x
4.13	Date of Engagement	x	x
P1	Services Provided – PATH Funded	x	x
P2	Referrals Provided - PATH	x	x
P3	PATH Status	x	x
P4	Connection with SOAR	x	x

X = data collection required

Δ = data collection is not required but encouraged

# Income/Source and Non Cash Benefits

**Subject:** Head of Household and All Adults

**Data Collection Point\*:** Project entry, annual assessment and project exit. Update as income and/or sources change

## Changes and Special Instructions:

- For both Income and Non-Cash Benefits a change was made in this year's standards on collecting this information. You must ask specifically if a client receives each type of income source or benefit.
- Record only regular, recurrent monthly income amounts for each source and benefits that a client is currently receiving and expected to continue receiving
- Child's income/benefits that are used for household expenses (example child's disability payment that is combined with household income) should be recorded for the Head of Household
- When a child turns 18, an update assessment must be completed to now record their income and benefits
- Annual Update Assessments **MUST** be completed for clients that remain in a program longer than one year within 30 days before or after their start date anniversary. This impacts Annual Reports and System Performance

# Income/Source and Non Cash Benefits

continued...

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Income from Any Source	None	0 No	
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
3 Earned income (i.e. employment income)	None	0 No	
A Monthly Amount	Field 3; Response 1	1 Yes	
		[Currency/decimal]	
4 Unemployment Insurance	None	0 No	
B Monthly Amount	Field 3; Response 1	1 Yes	
		[Currency/decimal]	
5 Supplemental Security Income (SSI)	None	0 No	
C Monthly Amount	Field 3; Response 1	1 Yes	
		[Currency/decimal]	
6 Social Security Disability Insurance (SSDI)	None	0 No	
D Monthly Amount	Field 3; Response 1	1 Yes	
		[Currency/decimal]	
7 VA Service -Connected Disability Compensation	None	0 No	VA service-connected disability compensation refers to a benefit paid to veterans with a service-connected disability.
		1 Yes	
E Monthly Amount	Field 3; Response 1	[Currency/decimal]	
8 VA Non-Service-Connected Disability Pension	None	0 No	VA non-service-connected disability pension refers to a benefit paid to wartime veterans who have limited or no income and who are ages 65 or older or, if under 65, who are permanently and totally disabled.
		1 Yes	
F Monthly Amount	Field 3; Response 1	[Currency/decimal]	
9 Private disability insurance	None	0 No	
		1 Yes	
G Monthly Amount	Field 3; Response 1	[Currency/decimal]	
10 Worker's Compensation	None	0 No	
		1 Yes	
H Monthly Amount	Field 10; Response 1	[Currency/decimal]	
11 Temporary Assistance for Needy Families (TANF) [or use local name]	None	0 No	
		1 Yes	
I Monthly Amount	Field 11; Response 1	[Currency/decimal]	

Field	Dependency	Response Category/ Data Type	Descriptions
12 General Assistance (GA) [or use local name]	None	0 No	
		1 Yes	
J Monthly Amount	Field 12; Response 1	[Currency/decimal]	
13 Retirement Income from Social Security	None	0 No	Social Security Survivor benefits are Retirement Income from Social Security.
		1 Yes	
K Monthly Amount	Field 13; Response 1	[Currency/decimal]	
14 Pension or retirement income from a former job	None	0 No	Military retirement pay should be reported under Pension or retirement income from a former job.
		1 Yes	
L Monthly Amount	Field 14; Response 1	[Currency/decimal]	
15 Child support	None	0 No	
		1 Yes	
M Monthly Amount	Field 15; Response 1	[Currency/decimal]	
16 Alimony and other spousal support	None	0 No	
		1 Yes	
N Monthly Amount	Field 16; Response 1	[Currency/decimal]	
17 Other source	None	0 No	
		1 Yes	
O Monthly Amount	Field 17; Response 1	[Currency/decimal]	
P Specify Source	Field 17; Response 1	[Text]	
18 Total Monthly Income		[Currency/decimal]	

# Income/Source and Non Cash Benefits

continued...

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
<b>1 Information Date</b>	None	[Date]		The date the information was collected.
<b>2 Non-Cash Benefits from Any Source</b>	None	0	No	
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
<b>3 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)</b>	None	0	No	
		1	Yes	
<b>4 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</b>	None	0	No	
		1	Yes	
<b>5 TANF Child Care services (or use local name)</b>	None	0	No	
		1	Yes	
<b>6 TANF transportation services (or use local name)</b>	None	0	No	
		1	Yes	
<b>7 Other TANF-funded services</b>	None	0	No	
		1	Yes	
<b>9 Other source</b>	None	0	No	
		1	Yes	
<b>A Specify source</b>	Field 9; Response 1	[Text]		



# Health Insurance

**Subject:** Head of Household and Adults

**Data Collection Point\*:** Project entry, annual assessment and project exit.  
Update health insurance changes and children aging into adulthood

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Covered by Health Insurance	None	0 No	
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
3 Medicaid	None	0 No	
		1 Yes	Medicaid is a partnership between federal and state funds. It should always be listed as Medicaid not State Health Insurance.
4 Medicare	None	0 No	
		1 Yes	
5 State Children's Health Insurance Program (or use local name)	None	0 No	
		1 Yes	
6 Veteran's Administration (VA) Medical Services	None	0 No	
		1 Yes	
7 Employer-Provided Health Insurance	None	0 No	
		1 Yes	Including TRICARE – available to veterans based on military service
8 Health Insurance obtained through COBRA	None	0 No	
		1 Yes	
9 Private Pay Health Insurance	None	0 No	
		1 Yes	
10 State Health Insurance for Adults (or use local name)	None	0 No	
		1 Yes	
11 Indian Health Services Program	None	0 No	
		1 Yes	
12 Other	None	0 No	A health insurance other than the ones identified in this list.
		1 Yes	
A Specify Source	Field 12; Response 1	[Text]	
13 Reason (HOPWA ONLY)	If "No" for all Insurance Sources	1 Applied; decision pending	
		2 Applied; client not eligible	
		3 Client did not apply	
		4 Insurance type N/A for this client	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

# Disability Types

**Subjects:** Collect on ALL Clients

**Collection Point:** Project Entry and Project Exit. Update information during project stay

**Rationale:** To determine a Client's special needs which may contribute to homelessness and be a factor in housing

## **Special Consideration:**

- Projects should be especially sensitive to the collection of disability information. Be mindful of Client Privacy during the interview process.
- Disability for children accompanied by adults should be determined based on interview with adult

If the disability is present and is expected to be of long-continued and indefinite duration, the corresponding element 3.8 Disabling Condition should also be "yes" whether by manual data entry, or in some systems, automatic population. It is acceptable for a client to answer 'Yes' to having a physical disability, and also answer 'No,' that the disability is not expected to be of long-continued and indefinite duration and substantially impair ability to live independently, although a disability of such type may not qualify clients for programs meant for severely disabled people and may not indicate a "disabling condition" according to the universal data element 3.8.

For residential homeless assistance programs, client intake as part of the program admission process must be separated from the collection of disability information in order to comply with Fair Housing laws and practices, unless this information is required to determine program eligibility or is needed to determine whether applicants need units with special features or if they have special needs related to communication. Projects should be especially sensitive to the collection of disability information from clients under the age of 18. In households with children accompanied by an adult, children's disabilities should be determined based on an interview with the adult in the household.

# Physical Disability

## 4.5 *Physical Disability*

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Physical Disability	None	0 No	For the purposes of these Data Standards, a physical disability means a physical impairment.
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
A Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Field 2; Response 1	0 No	1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions.
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

# Developmental Disability

## 4.6 Developmental Disability

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Developmental Disability	None	0 No	For the purposes of these Data Standards, a developmental disability means a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
A Expected to substantially impair ability to live independently	Field 2; Response 1	0 No	(1) Substantially impedes an individual's ability to live independently, and (2) of such a nature that such ability could be improved by more suitable housing conditions.
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

# Chronic Health Condition

## **COLLECTION:**

- Disability determination diagnosed condition:
  - that is more than 3 months in duration and
  - is either not curable or has residual effects that limit daily living and
  - require adaptation in function or special assistance.
  - Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (**including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions**); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.
- ▶ Expected to be of long continued and indefinite duration and substantially impairs ability to live independently, and

# Chronic Health Condition

## 4.7 Chronic Health Condition

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Chronic Health Condition	None	0 No	
		1 Yes	For the purposes of these Data Standards, a chronic health condition means a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
A Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Field 2; Response 1	0 No	
		1 Yes	(1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions.
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

# HIV/AIDS

## COLLECTION:

- Such information is covered by confidentiality requirements and should be recorded only when a project has data confidentiality protections that conform to the HMIS Final Rule.

### 4.8 HIV/AIDS

HIV-related information is covered by confidentiality requirements. As in other areas involving sensitive or protected client information, information should be recorded only when a project has data confidentiality protections that conform to the standards specified in the HMIS Final Rule, to be published. These protections include agency policies and procedures and staff training to ensure that HIV-related information cannot be accessed by anyone without the proper authorization.

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 HIV/AIDS	None	0	No	
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to substantially impair ability to live independently	Field 2; Response 1	0	No	
		1	Yes	(1) Substantially impedes an individual's ability to live independently, and (2) of such a nature that such ability could be improved by more suitable housing conditions.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

# Mental Health Problem

## 4.9 *Mental Health Problem*

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Mental Health Problem	None	0	No	A mental health problem may range from situational depression to serious mental illnesses. The dependent field is designed to gauge the severity of the mental health problem.
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Field 2; Response 1	0	No	(1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions. Select 'Yes' if the mental health problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature.
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	



# Substance Abuse

## 4.10 Substance Abuse

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Substance Abuse Problem	None	0	No	
		1	Alcohol abuse	Alcohol abuse, without drug abuse
		2	Drug abuse	Drug abuse without alcohol abuse
		3	Both alcohol and drug abuse	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Field 2; Responses 1-3	0	No	
		1	Yes	(1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

# Domestic Violence

- Whether a person is a victim of domestic violence to provide appropriate services to prevent further abuse and treat the physical/psychological injuries prior to abuse.
- Important to safety of project staff and other clients
- Collect most recent experience
- Choose “Yes” if the Person “is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence
- It is important to note that some Federal reports only capture information on DV victims that are “currently fleeing” so it is important to complete this question.
- **Projects should be especially sensitive to the collection of domestic violence information and should implement appropriate interview protocols to protect clients privacy and safety. Ask questions in a private location, away from romantic partner, delaying all entry of data about clients identified with a recent history or choosing not to disclose data**

# Domestic Violence

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Domestic Violence Victim/Survivor	None	0 No	Domestic Violence Victim/Survivor should be indicated as "Yes" if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence.
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
A When experience occurred	Field 2; Response 1	1 Within the past three months	
		2 Three to six months ago (excluding six months exactly)	
		3 Six months to one year ago (excluding one year exactly)	
		4 One year ago or more	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	
B Currently fleeing	Field 2; Response 1	0 No	Currently fleeing should be indicated as "Yes" if the Person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.
		1 Yes	
		8 Client doesn't know	
		9 Client refused	
		99 Data not collected	

# Contacts

**Subject:** Collect on Head of Household and Adults

**Collection Point:** Each interaction with Client

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The date the information was collected.
2 Staying on Streets, ES, or SH	None	0 No	A contact is defined as an interaction between a worker and a client. Contacts may range from simple a verbal conversation between the street outreach worker and the client about the client's well-being or needs or may be a referral to service.
		1 Yes	
		2 Worker unable to determine	

- Collection by street outreach and other service projects to count the number of contacts required to engage client
- Contact is an interaction between a worker and client
- Can be a verbal conversation

# Date of Engagement

**Subject:** Collect for adults

**Collection Point:** Update, can happen at any point between the Start/End Date

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Date of Engagement	None	1 Date of Engagement	The date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan.

- ▶ Only one date of engagement is allowed between entry/exit
- ▶ Defined as date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan

# Bed Night Date

**Subject:** Collect for clients

**Collection Point:** Each instance of a shelter stay in Night by Night Emergency Shelters

## Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Bed-night Date	None	1 Bed-night Date	A date on which the client has utilized a bed in a night-by-night shelter.

- ▶ HMIS software systems may have different mechanisms for collection: manual date entry, scan card system, client check off, etc.
- ▶ In Night by Night Emergency Shelters, only this Bed night is used in determining a client's length of stay/homeless history.

# Housing Assessment Disposition

**Subject:** Collect on Head of Household

**Collection Point:** Project Exit for Coordinated Entry Projects

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Assessment Disposition	None	1	Referred to emergency shelter/safe haven
		2	Referred to transitional housing
		3	Referred to rapid re-housing
		4	Referred to permanent supportive housing
		5	Referred to homelessness prevention
		6	Referred to street outreach
		7	Referred to other continuum project type
		8	Referred to a homelessness diversion program
		9	Unable to refer/accept within continuum; ineligible for continuum projects
		10	Unable to refer/accept within continuum; continuum services unavailable
		11	Referred to other community project (non-continuum)
		12	Applicant declined referral/acceptance
		13	Applicant terminated assessment prior to completion
		14	Other/specify
A Other Assessment Disposition	Field 1; Response 14	1	Please specify

- ▶ Used as part of the coordinated assessment system
- ▶ Response categories represent continuum programs which a client may be referred upon presenting to a coordinated assessment project or related point of contact with a request for assistance to address a housing crisis
- ▶ Only one referral choice is captured

**For more information:**  
**2017 HMIS Data Standards Manual**  
**<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2017.pdf>**

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